

STATE OF RHODE ISLAND

County of _____

Estate of _____

Alias _____

Alias _____

PROBATE COURT OF THE _____

No. _____

_____ Date

ORDER OF DISTRIBUTION

The undersigned Administrator requests that an order may be entered, distributing the balance of \$_____ shown by final account among the persons entitled thereto.

Administrator

ORDER

It is ordered that said Administrator distribute said balance to:

NAME	RELATIONSHIP	PROPORTION	AMOUNT

DECREE